Chapter 2

The history of psychotherapy

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1. Introduction

Psychotherapy (=mind healing) has a long past and a short history. If we take the term psychotherapy to mean activities by which some kind of authorized person heals troubles and diseases by psychological means, the story of psychotherapy is as old as the story of humanity. As the specialized activity of a person with a specific professional identity, psychotherapy has a fairly short history. It may be traced no further back than the emergence of psychiatry (medical treatment of mental disorders) as an autonomous branch of medicine in the eighteenth century (Tringer, 2004).

The "prehistory" of psychotherapy

Healing by psychic means has since ancient times been the province of selected persons, known by such titles as shaman, priest, wizard or prophet. They performed their activities through rituals rooted in their own cultures. Indeed, medicine in ancient societies was part of healing "the soul", and the mental effect was the doctor's most powerful therapeutic tool. The doctor's psychological competence is referred to in the Greek saying *iatros philosphos isotheos* (the physician who is a philosopher is like a god).

Many early records tell of healing by psychological means. The Egyptian serapeions were both temples (of the god Serapis) and places of healing, where people were treated by the laying on of hands and incantation. In the Bible, the Second Book of Samuel records that King Saul was troubled by an evil spirit (he clearly suffered from bipolar disorder) and David refreshed him by playing the harp ("music therapy" – see the title page of the 1st and 4th editions of *A pszichiátria tankönyve* [Textbook of Psychiatry]). Hippocrates considered mental disorders to be diseases, and there are many psychological aspects to his work. The hyppocratic oath is also applicable to the basic principles of psychotherapy, expressing the concept of empathy, the basis of all psychotherapeutic activity. In many non-European cultures, meditation has a major role in healing and preserving health (China and India). But meditation also held an important place in the cult of Dionysos in ancient Greece. Medieval doctors to a great extent achieved their results by psychological means, because they had no evidence-based techniques in the modern sense.

In historical times, psychological healing was largely the province of religion and religious institutions. The practice of penitence in the Judaeo-Christian tradition, asceticism and various meditational rites have expressly psychological effects. An illustrative example is the 4-week meditational retreat devised by St Ignatius of Loyola, possibly a precursor of the group psychotherapies used in institutions today (Tringer, 2004).

It is significant that modern psychotherapy often reaches back to old traditions (see "mindfulness" therapies).

The beginnings of psychotherapy

In the eighteenth century, just as psychiatry was emerging on a more or less scientific basis, there began a course of development which lay outside the medical mainstream, and was emphatically based on psychological forces. The main stages of this development were:

1. **Mesmerism**. Doctor Mesmer was a German physician who healed by suggestion. His method was the forerunner of hypnotism. He conceived of an energy which he transferred to the patient in the form of an invisible fluid. The concept of energy had a considerable influence of the thinking of the century. A sick person was weak, and had to be cured by providing "force".
2. Energy was also the basic concept behind the definition of **neurosis** in Cullen's scheme of pathology, and particularly "adynamia" (feebleness).

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3. The era of **moral treatment** at the turn of the eighteenth and nineteenth centuries also brought psychological aspects to the fore. This was the movement that released lunatics from their chains, i.e. created more humane conditions for them (Pinel, Tuke). Since this approach saw mental disease as the consequence of of broken moral order, the cure lay in working with, caring for, and educating patients, and creating the appropriate psychological atmosphere.
4. In the nineteenth century, however, it was biological thinking and scientific discoveries which became the main sources of inspiration for medical thinking. The famous German psychiatrist Griesinger taught that "diseases of the mind are diseases of the brain". The great scientists who described mental diseases (e.g. Kraepelin) thought the same way. Indeed, even Charcot, one of the fathers of hypnosis research and a follower of the tradition of mesmerism, took an "organic" outlook. This saw hysteria and a disorder in the operation of the same centres of the brain in which organic damage causes neurological symptoms. Charcot also made an early contribution to emergence of psychotherapy. Standing against his view was that of Bernheim, who traced hysterical symptoms to psychological effects, which were also responsible for the operation of hypnosis (Tringer, 2004).
5. The beginnings of experimental psychology are due to Wilhelm Wundt, who set up a research laboratory in Leipzig in the early 1880s. He first did experiments in association. His findings had an inspirational effect on the work of both Freud and Jung. They also contributed to the experimental-psychology-based theories of behaviourism (Sulloway, 1987).

2. The emergence of psychotherapy in its own right

2.1 Schools with a deterministic view of human nature

2.1.1 The psychoanalytic school

Although Freud is generally credited with establishing psychotherapy as an autonomous branch, he clearly received powerful influences from Bernheim and Charcot during his visit to France. The ideas of associationist psychology also had considerable currency in the late nineteenth century, and can be identified as the origins of "free association", which was central to Freud's theory and therapeutic practice. Thus Freud's psychoanalysis bear the marks of the ideas prevalent at the time. Although Freud finally made "psychology" into more than just a chapter of philosophy, as it had been for centuries, his theory is also basically "philosophical" in nature, concentrating on introspection and the subject. As a result, his basic theoretical concepts are inaccessible to the experimental approach. Freud's theory contained many brilliant insights, but its success was also due to its lively connection with a secularizing current of ideas which attempted to break from the prevailing religious and philosophical outlook (e.g. Positivism). We will merely mention that Freud's theory was also rooted to a considerable extent in certain stages in his own life and career (Sulloway, 1987).

It must also be pointed out that other major figures in the history of psychiatry, even before Freud, were deeply engaged in psychotherapeutic activity. Some also produced important theoretical work, but their influence was nowhere near as pervasive as Freud's (e.g. the Hungarian Károl Lechner and the Frenchman Pierre Janet).

Freud's theory has three main characteristics: 1. Dynamic psychology. Behaviour is determined by the struggle and balance of mental forces acting each other. 2. Structural theory. The "self" is composed of distinguishable parts: the superego, the ego and the id. Mental operation is the resultant of the interaction among these structures. 3. Topological theory. Consciousness is to be interpreted as the ensemble of three hierarchical elements: conscious, the preconscious and unconscious (or subconscious). The concepts of the unconscious and the id, in different approaches, effectively overlap each other (Laplanche and Pontalis, 1994).

Also fundamental to Freud's theory is mental development of the mind (and of the "libido"). The libido is the general dynamic principle of self-realization and the satisfaction of needs is more than sexuality. Nonetheless it was sexuality, especially the theory of infant sexuality, that provoked

the most criticism of Freud's views. The departure of some of his disciples can also be traced to this. Several of his direct pupils later founded their own schools. Of these, we will mention only Jung and Adler. Jung rejected the Freudian sexual theory. He widened the concept of the unconscious, and added the concept of the collective unconscious, which is rooted in society and passed on by culture (Jung called his theory analytical psychology). Adler ascribed the development of the personalty to coping with the inferiority complex and adapting to adult society via authority. Obstruction of this process leads to neurosis. (Adler's school is called individual psychology.)

The Budapest psychoanalytic school led by Sándor Ferenczi gained wide international significance. The 2nd International Psychoanalytic Congress of 1916 was held in Budapest.

Psychoanalysis and its variants represented psychological thinking both within medical science and the wider academic world for nearly a century. The Hungarian Mihály Bálint made a special contribution within the medical world, developing the idea of "Bálint groups", where practising doctors develop their psychological skills.

Psychology education was suppressed in Hungary on ideological grounds in the 1950s, but secret psychoanalytic therapy and training continued in private practice, preserving the knowledge of psychological aspects of medical practice and the traditions of the Budapest School.

Freud's school split into many branches. Some methods are still important in practice (group psychotherapy, psychodrama, family therapy, etc.). Psychoanalytic (also known as psychodynamic) schools generally reject the experimental approach in their theory, which is philosophical-speculative in nature. The founders of most of its schools view humans as creatures determined by forces inherent within them, and within society. The most important agent in this determination is the unconscious mind (Laplanche and Pontalis, 1994).

2.1.2 Behaviourism

At the turn of the nineteenth and twentieth centuries, the currently-prevailing ideas of positivism, together with the results of scientific research and dissatisfaction with the Freudian approach led to a fundamentally new approach to the study of behaviour. This replaced introspection-based psychology with scientific research into experimentally-controllable and externally observable subject of behaviour. Subjective events are not scientific facts. According to the early behaviourists (notably Watson), human behaviour is determined by constellations of external stimuli. Therapy can take effect by modifying these stimuli (behaviour therapies). The initially very simple ideas of behaviourism later became more subtle, the "stimulus-response" schema being refined into the "stimulus-organism-response" schema. Psychological therapies based on behaviourism have had a long career, and in the second half of the twentieth century they formed the basis for cognitive developments, and the more general term "cognitive-behavioural therapy" is more commonly used today (Tringer and Mórotz, 1985).

2.2 The non-deterministic view of human nature – humanist therapies

Humanist therapies all stem from the declared or undeclared idea that everybody has freedom of choice. Our actions are not just due to internal and external determinants, and our own internal decision-making processes offer the possibility of making free choices.

2.2.1 The person-centred school

The psychologist Carl R. Rogers started this psychotherapeutic movement in the middle of the twentieth century, basing it on Maslow's humanistic view of human nature (Rogers, 2006). Therapy is essentially aimed at supporting the self-realization process inherent in the person and removing obstacles in its path. The success of therapy depends on the personal capabilities of the therapist and the self-exploration abilities of the patient. The therapist must have empathy and reflective abilities, and take an approach of unconditional positive regard (the latter basically corresponds to the

Judaeo-Christian concept of “compassion”) and genuineness. With these givens, the therapist helps the patient towards self-exploration and communication, and this is the key to success in the therapy. The theory gained thorough experimental support from the German researchers Tausch and Helm (Tringer, 1984). Rogers’ outlook and approach are very popular in clinical practice, education and pastoral counselling.

In modern practice, the Rogerian therapeutic principles are regarded as an essential introduction to every psychotherapeutic training.

2.2.2 Cognitive therapies

A radical turning point in psychotherapeutic thinking known as the “cognitive revolution” took place in the 1970s. The essence of this revolution was that therapy and analysis of the mind shifted away from the direct relationship between individuals and their environment towards how individuals relate to their experience of the environment. Cognitive therapists focus on the way their clients see the surrounding world and themselves in it. Therapy aims to change this “schema”, just as mental disorders are due to pathological schemas. Aaron Beck (2001) primarily devised his method to treat depressive patients, and called it cognitive therapy. Before Beck, Ellis’s rational-emotional therapy was based on similar principles.

The cognitive approach received an enormous boost from neuropsychological research. Modern imaging and other processes have opened up the potential for studying the operation of a living, intact brain. They have also put a different light on the old question of the relation between mind and body. Therapy has shifted to the informational structures and linguistic symbols which emerge out of the physical substrate. The subject, pushed into the background by classical behaviourism, has come back into focus (Gallagher and Zahavi, 2009).

In the second half of the twentieth century, the schools of classic psychotherapy and suggestion-based procedures split into myriad branches. It is now almost impossible to list all of the psychotherapeutic “methods” that declare themselves to be independent.

3. Attempts at integration of modern psychotherapy

As psychotherapy is increasingly being adopted into health care, the question of methodological specifics is becoming secondary. There are attempts at integration through research into the common factors responsible for psychotherapy’s practical benefits. Although psychotherapy has a higher level of scientific evidence for its effectiveness than any other branch of medicine, differences among methods and approaches are only rarely detected.

The central question of research into “what works” is whether the success of a particular form of psychotherapy is actually due to the specifics of its technique or derives from factors which it shares with other forms of psychotherapy. If the latter is true, then the proper area of study is the common foundations of all psychotherapy. A search for the common factors has been in progress for several decades, and a general consensus has arisen in the scientific literature concerning several of them.

Several common factors are sufficiently important that their absence greatly reduces the effectiveness of psychotherapy. The factors of empathy and acceptance formulated by the Rogers school have been established as fundamental to all psychotherapy, and their absence results in failure. Yalom, one of the pioneers of the common factor concept, distinguishes core factors and front factors. The former (e.g. relationship) are the same in every therapy whatever differences there are in methods (the front factors).

The concepts arising from research into the common factors put our knowledge of the mechanism of psychotherapy in a new light.

A new and recently-growing integration category is “mindfulness”. The practise of mindfulness is to perceive oneself as a perceiver and re-experience one’s experiences. This can be the starting point for change, because re-experiencing opens the way for modes of experience which are

alternative to the cognitive schemas determinant of first-level experience. In practice, mindfulness is combined with cognitive-behavioural techniques, as in, for example, Linehan dialectic behavioural therapy (Linehan, 2010).

4. The present situation

By the mid-1980s, a search of the literature came up with more than a hundred psychotherapeutic "methods". This number can only have increased since then. Market mechanisms encourage authors to produce their own procedures and language and define them as distinct methods. This has prompted moves in the opposite direction, searching for common foundations and the possibility of integration.

In Hungary, there are between 15 and 20 distinct psychotherapeutic methods, procedures and theoretical frameworks in common use. A thorough knowledge of these is required at the professional examination in psychotherapy (Szőnyi and Füredi, 2008). Hungary's system of psychotherapeutic training and state accreditation and regulation of psychotherapeutic qualifications for doctors and psychologists is unique in Europe and has drawn admiration from professionals in other countries.

5. Psychotherapy in practice

Psychotherapy takes place in sessions over a period that can span several months or even years. The optimum length of sessions is 45–50 minutes and they are held at frequencies spanning a range from three times a week to once every two weeks. These are only general guidelines, and can vary in practice owing to the circumstances, individual availability or illness. It is usually practical to have more frequent sessions at the beginning and to meet at longer intervals as the treatment progresses. Quiet surroundings have bo be provided for the sessions. It is essential to discuss the likely duration of therapy with patients and gain their consent at the beginning of the process, and it is usual to put these into a verbal – or perhaps written – "therapy contract".

There are three official levels in the practice of psychotherapy in Hungary.

1. "Basic" psychotherapy: requiring a degree in medicine or psychology (or a dedicated qualification).
2. "Psychotherapy": requiring the state-recognized psychotherapy examination, which may be taken by specified specialist doctors and clinical psychologists.
3. "Special psychotherapy": requiring qualifications provided by recognized associations after special training of already-qualified psychotherapists.

Summary

Psychotherapy, or healing by psychological means, is an integral part of human culture and civilization. It has existed as a distinct profession since the eighteenth century. Nowadays, the practice of psychotherapy has split into many branches, but all can be grouped around three great theoretical schools. These are distinguished primarily by their view of human nature. Psychoanalysis, which puts the main emphasis on subjective experiences, and behaviourism, which stresses objective behavioural facts, both stem from a largely deterministic view of human nature. The person-centred schools which emerged from humanistic psychology take a non-deterministic view. Cognitive therapies opened up new possibilities with the idea of modifying cognitive processes (thinking), and emphasizing the importance of the relation between the person and existence. Modern neurosciences and cognitive research promise the integration and synthesis of these approaches.

Questions

1. The historical roots of psychotherapy.

2. The emergence of the theory of psychoanalysis.
3. The three constructs central to the theory of deep psychology--
4. Behaviourism and the person-centred school.
5. Cognitive therapies and the cognitive outlook.
6. The common factors behind psychotherapeutic methods.

Bibliography